

is legitimate. This is an economic proposition as well as a humane one, for there can be no social progress without good public health, and when one is left inefficient from lack of proper medical attention, it is charged to the taxpayer, plus the individual misery.

To quote from the American College of Surgeons Bulletin:

"For the past decade, American hospitals have been passing through a state of change. The development of modern surgery and medicine, the advancement in diagnostic procedure, the forward strides of pathology and roentgenology, made severe and confusing demands upon hospitals. In addition medical men, hospital executives, and public health officials began to conceive of the hospital in a new light—that of an institution which makes itself not only the clearing house for treatment, but also the headquarters for community health activities. Some such conception came to the minds of medical men and hospital executives, who were striving to give their communities the best in modern medicine. And this widening of responsibility was altogether natural. Hospitals, founded on a basis of service, had as their dominant motive the inherent desire to improve this service and to extend it to the entire community."

My plea is for the doctor to study this most important social question more thoroughly, to assist the public in realizing that it requires education and hospital equipment to serve from the public health standpoint.

As Dr. Edwards, president of the California Medical Association, stated in his address:

"I am pleading for a closer relationship between physicians and the public and between physicians and each other, both in and outside of the medical society meetings. This is necessary if we expect to meet the influences that are directed against scientific medicine and surgery."

A medical society usually succeeds or fails, in proportion to the faithfulness, sincerity, and activity of its secretary; therefore, I want to thank our secretary, both individually and on behalf of the association, for the indefatigable service he has so cheerfully rendered us.

We are the smallest State in the union in population; therefore, it ought to be easier for us to understand each other and to educate the public in regard to medical subjects than our sister States.

Who Shall Teach and What Shall Be Taught—

Since there is nothing which is so vital to public interest as community and personal health, it follows that there is nothing which should be more widely advertised nor more freely talked about. The public has seized psychology by the tail and is excitedly swinging that and the various gland theories and truth serums and such sensational aspects of science as creep out under the tightly closed door of the laboratory; and the swinging and flinging broadcast of the absurd deductions, uncorrected and unproved, are doing not only harm to the profession we uphold, but, which is much more important, to the public of whose safety we are the custodians. —(Henry P. Newman, Bulletin San Diego County Medical Society, July 20, 1923.)

VIS MEDICATRIX NATURAE*

By W. F. McNUTT, Sr., M. D., San Francisco

First, let me say, I hold no brief for any of the numerous cults such as mind cures, faith healers, Christian Scientists, immanuel movements, Coueism, chiropractors, neuropaths, etc. I advocate no special system of therapeutics. I have practiced medicine for over fifty years, using any and every remedial legal means to cure or relieve the patient, as is every physician's duty. Every successful physician must learn when to depend on *vis medicatrix naturae*, with a placebo, and when a careful examination is necessary, to diagnose and treat the patient.

He will not learn this from text-books or didactic or clinical teachers, for the reason it is not taught. The physician is left to learn this branch of his professional career by experience or intuition. Some forty years ago Sir William Gull was the most prominent consultant in London. Many men, and especially women, paid him their two guineas for his famous placebo. He had learned when a placebo was required or when a careful examination was necessary. He had learned when to rely on *vis medicatrix naturae*, or when medicine or surgery was necessary. No man had a greater contempt for quacks.

I am rejoiced at the stand our two universities have taken in regard to medical education. In the future those who receive a diploma from either of these medical schools will be men and women of education and be in the category of the learned professions.

There is a science in the study of medicine and an art in the practice. The practice of medicine is not and never can be a science. Every physician knows that most of our remedies are given empirically; there are few specifics. The successful physician must have a knowledge of human nature, must understand the temperament and prejudices of his patient. He will often be obliged to compromise with his patients on non-essentials and be firm in matters that make for the patient's welfare. The physician must keep in mind *vis medicatrix naturae* and that many patients will make a good, quick, and permanent recovery when given a placebo, with assurance that it will make them well. In dealing with organic or so-called functional diseases, he must not forget his patient is a living, thinking, reasonable or frequently an unreasonable human being, not an inanimate object. I hope every physician will be impressed with Shakespeare's wisdom when he makes Hamlet say, "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy." Hippocrates said, "Nature is the physician of disease. Charron, a French physician, who probably wrote the greatest and best book on *vis medicatrix naturae*, says: "The most that a doctor can do is to assist the body in making use of this power, which is nothing more than the action of the unconscious mind." Brice, in the London Practitioner, says: "We are compelled to acknowledge a power of natural recovery inherent in the body." Herbert Spencer

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says: "It is working out in the body of a law which obtains throughout all nature."

In the twenty-first edition of Dunglison's dictionary, *vis medicatrix naturae* is defined, "Instinctive healing power in an animal or vegetable, by virtue of which it can repair injuries inflicted upon it, or remove disease." Gould, third edition, "The healing power of nature apart from medical treatment."

The teachers of medicine evidently think they have done their duty to medical students by teaching them the science of medicine. And yet they are supposed to prepare students to practice medicine. They teach the use of all the apparatus that make for the scientific diagnosis and treatment of disease. They do not teach psychotherapy; they do not even mention *vis medicatrix naturae*. This important branch of every physician's routine practice is left for the physician to learn by experience. Some 500 years ago Ambrosé, the distinguished French surgeon, wrote on the wall of the *ecole de medecine*, "Je le pansay et Dieu le guarit" (I dressed the wound, God healed it). The advanced modern surgeon would say, "I dressed the wound (antiseptically), that mysterious (power) *vis medicatrix naturae* healed it."

The physician who depends entirely upon science for the diagnosis and treatment of his patient must often fail to relieve or cure the complaint of which the patient suffers or thinks he suffers. In very many cases the patient needs a placebo, given with the assurance that he will soon be well. As a rule, patients care nothing for an elaborate, expensive and scientific examination; they want to be cured. Playfair, in the *British Medical Journal*, says, "The tendency of advanced medicine of the present day is, unfortunately, to overlook cure in the zeal for accurate diagnosis and correct pathology. In short, it is science rather than therapeutics that is the aim." I have already stated that therapeutics, the treatment of disease, is not a science and never can be. "Coming events cast their shadows before." The time will soon be when teachers in our medical schools will teach psychotherapy. This important branch of the practice of medicine, will not be left to the cults. The facts are, if *vis medicatrix naturae* had been taught and appreciated by the profession there would be fewer cults today.

There are only a few left over, as it were, who do not believe that nature ever cured anyone, who do not believe in *vis medicatrix naturae*, nor do they recognize the conscious or unconscious mind or the influence of the mind on the body. With a scientific education, well-grounded in the foundation of the science and practice of medicine including psychotherapy, the future physician will not leave an important branch of practice to cults and ignorant quacks. Who is to blame for this disgraceful condition? When medical schools wake up to the fact and teach that *vis medicatrix naturae* occupies a large part of every physician's daily practice, their graduates will be of much more service to the people and there will be a change in present conditions, but not until then.

SOME PHASES OF GONORRHEAL COMPLICATIONS AND THEIR PREVENTION BY ATTENTION TO CERTAIN POINTS IN THE TREATMENT OF ACUTE GONORRHEA*

By JAMES STEINBERG, M. D., Los Angeles

One of the most interesting cases of multiple complications arising from an original Neisserian infection of the anterior urethra, came into my service at the Kaspar Cohn Hospital in Los Angeles about one and a half years ago, showing the extensive complications that may occur in a single instance, following an apparently simple acute anterior gonorrheal urethritis. The case should serve as a warning against the consideration of this infection in too light a manner.

The cystoscopic findings, in conjunction with the X-ray and bacteriological examinations should prove instructive as well as interesting in showing their inestimable value in the complete ultimate analysis of these cases. The case I wish to cite is as follows:

Mr. H. S., 31 years old, an iron worker by occupation. He was admitted to the hospital, running a temperature of 103 degrees, unable to void through the anterior urinary canal, complaining of continuous pain over the bladder and scrotal regions. He gave a history of previous Neisserian infection as follows: First infection of gonorrhea ten years previously, lasting six weeks, followed by a second infection six years later, lasting two months. This second infection was complicated by stricture of the urethra. A third infection of gonorrhea was acquired two years later, lasting five weeks. Syphilis was denied. He was operated upon for a right inguinal hernia seven years before. For the past two years the patient has noticed that his stream has been gradually becoming smaller and his urine more difficult to pass. Two months ago the scrotum began to swell, gradually increasing in size. This was accompanied by great pain, chills, and fever. Two weeks later the scrotum ruptured, discharging urine and pus. After that the patient passed most of his urine through the sinus in the scrotum.

Preliminary objective examination revealed the scrotum to be a large gangrenous mass, about the size of a good-sized grape fruit, very foul-smelling, inflamed, and discharging dark, thick, yellowish-brown pus and urine. The urethra revealed an impassable stricture at the bulbo-membranous junction. A smear of the pus from the discharging sinus in the scrotum revealed the staphylococcus, and colon bacilli, but negative for tubercle bacillus and gonococcus.

I performed a preliminary operation on March 5, 1921, to reduce the inflammatory mass. The scrotum was laid wide open and all the gangrenous tissue removed. A sinus was disclosed in the inflammatory scrotal mass, through which the patient passed his urine. The scrotum was sewed up and a drain left in the wound. Within twenty-four hours the temperature began to subside, and the patient was quite comfortable.

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